PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (571)-273-2885

NSTRUCTIONS: This uppropriate. All further indicated unless correcte maintenance fee notificat	form should be used correspondence including d below or directed of ions.	for trange the nerwise	smitting the ISSU Patent, advance of in Block 1, by (a						ould be completed where correspondence address as rate "FEE ADDRESS" for
CURRENT CORRESPONDENCE ADDRESS (Nois: Use Block I for any change of address) Note: A certificate of mailing: can only be used for of comestic mailings (Fee) Transmittal. This certificate cannot be used for any other accompanyers. Each additional page, such as an assignment or formal drawing, have its own certificate of mailing or transmission.									
1609	7590 02/01	/2008							
1300 19TH STR SUITE 600	•	O &	GOODMAN	, L.L.P.	Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.				
WASHINGTON	" DC 20036								(Depositor's name)
									(Signature)
									(Date)
APPLICATION NO. FILING DATE				FIRST NAMED INVENTOR			ATTO	RNEY DOCKET NO.	CONFIRMATION NO.
10/828,501	Michael J. Morawski			P-:	P-5882P1 (46982) 4291				
TITLE OF INVENTION	SURGICAL KNIFE S	AFETY	HANDLE						
		_		·			1		T
APPLN. TYPE	SMALL ENTITY			PUBLICATION FEE DUE \$300		PREV. PAID ISSUE FEE		TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	NO \$1440				so		\$1740	05/01/2008
EXAMINER ART UNIT			ART UNIT	CLASS-SUBCLASS	SUBCLASS				
TRUONG, KEVIN THAO 3734				606-167000					
. Change of corresponde CFR 1.363).	nce address or indication	n of "F	ee Address" (37			atent front page, lis		1 James	J. Murtha
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.				or agents OR, alternatively, Boylance Abrame Berdo & Goodman					
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer				(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
Number is required.									
	ND RESIDENCE DAT. ess an assignee is ident in 37 CFR 3.11. Com						ec is id	lentified below, the do	cument has been filed for
PLEASE NOTE: Unless an assignce is identified below, no assignce data will anyear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (a) NAME OF ASSIGNEE									
Becton, Dickinson and Company Franklin Lakes, NJ									
lease check the appropri	ate assignee category or	catego	ries (will not be pr	rinted on the patent):		Individual 🖾 Co	rporati	on or other private gro	up entity 🔲 Government
a. The following fee(s) a	are submitted:		41	Payment of Fee(s): (Ples	se first reapply ar	v nrev	ionsty naid issue fee s	hown shove)
Issue Fee	b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Deposit Account: 02-1666								
☑ Publication Fee (No small entity discount permitted)				Payment by credit card. Form PTO-2038 is attached.					
Advance Order - # of Copies2				☑ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 02-1666 (enclose an extra copy of this form).					
. Change In Entity Stat	us (from status indicate	d above	:)		Ė			<u> </u>	
a. Applicant claims	SMALL ENTITY state	ıs. Sec	37 CFR 1.27.	b. Applicant is no	lon	ger claiming SMAI	L ENT	TITY status. See 37 CF	R 1.27(g)(2).
NOTE: The Issue Fee and nterest as shown by the r	Publication Fee (if req ecords of the United Sta	uired) tes Pat	will not be accepte ent and Trademark	d from anyone other the Office.	an t	he applicant; a regi	stered a	ttorney or agent; or th	e assignee or other party in
Authorized Signature /James J. Murtha/				Date April 30, 2008					
Typed or printed nameJames J. Murtha				Registration No 35,769					
his collection of informa n application. Confident	ation is required by 37 C iality is governed by 35	FR 1.3 U.S.C	11. The information 122 and 37 CFR	on is required to obtain	or i	etain a benefit by t imated to take 12 r	he publ ninutes	ic which is to file (and to complete, including	by the USPTO to process) g gathering, preparing, and

submitting the completed pipitatine form to the USPTO-Time will very depending upon the individual case. Any comments on bound of time you regain to complete, including gathering, preparing, and examine the property of the

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.